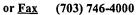
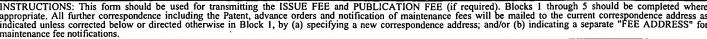
PART B - FEE(S) TRANSMITTAL

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APPLICATION NO.	FILING DATE	FIRST NAME		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
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ASSEMBLING METHOD APPLN. TYPE		ISSUE F		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
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EXAMINER CHANG GUING		ART UNIT		CLASS-SUBCLASS			
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CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	tion form	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
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Authorized Signature	MUT S			Date	Tune 28, 2005		
Typed or printed name _	Herbert I. Can	ntor		Registrat	ion No. 24,392		
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